

Name
in
Full

Henry Bittner

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND
Died at	Dockheads	Garrett	
Date of death 190	Month Nov	Day 11	Years About 33
Sex	Male	Color or Race	Birth- place
Married, Single or Widowed	Married	Occupation	Farmer
Name of Wife or Husband	Mosser		
Father's Name	Wm. Bittner	Father's Birthplace	Pa
Mother's Maiden Name		Mother's Birthplace	Pa
Name of person giving Information	J.G. Derby	How related to deceased	Wms

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Septicemia

20

How long

16 Days

How long

Immediate

Are the name, age, sex, color, date
and place correctly given above?

Signature of
Physician

Address

H. W. L. Loma

Dadeau
Md

Accident or Suicide?

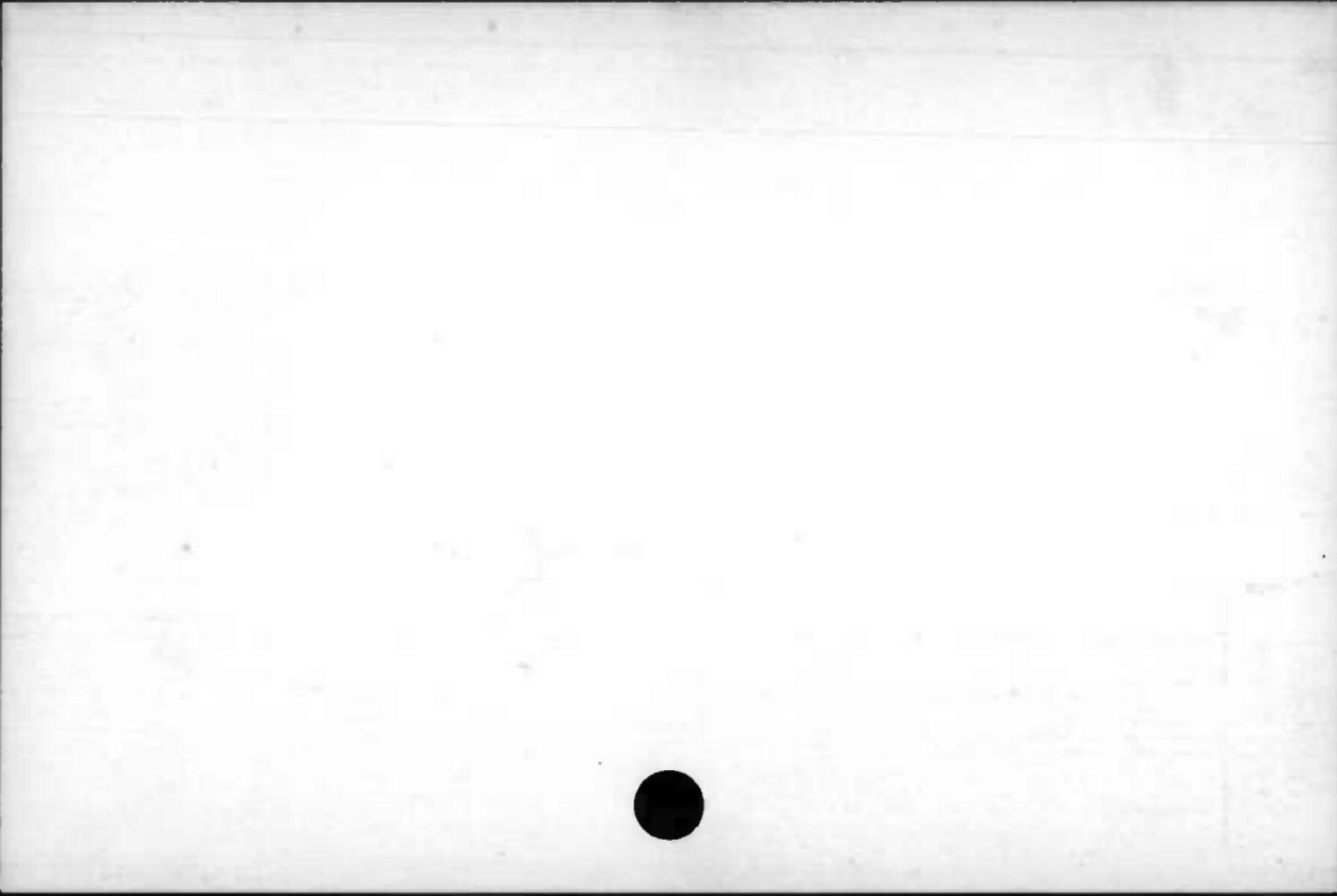


Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Wm. H. Broadwater						CERTIFICATE OF DEATH	
Died at	Town	County	MARYLAND				
Messill	Garrison		Month	Day	Years	Months	Days
Date of death 1903	Nov	11	Age	81	51		
Sex Male	Color or Race White	Occupation Farmer	Where Residing if not at place of death Messill Md				
Married, Single or Widowed Widower	Name of Wife or Husband						
Father's Name Wm. Broadwater	Father's Birthplace Loudon Co. Ia.	Mother's Maiden Name Alice Kneip	Mother's Birthplace Loudon Co. Ia.				
Name of person giving information	How related to deceased						
CAUSES OF DEATH							
Primary General debility	69	How long 6 months					
Immediate	Wm. H. Broadwater	How long One month					
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician H. H. Robinson M.D.	Address Brantford				
Accident or Suicide?	Nothing						



Name
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TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

CERTIFICATE OF DEATH

MARYLAND

Died at Baltimore

Town

County

Gorrett

Date of death 1903

Month

Day

Years

Age 85

Months

Days

Sex Female

Color or Race

white

Birth-place

Pa

Occupation

House wife

Where Residing if not
at place of death

Married, Single
or Widowed

Widow

Name of Wife or
Husband

Frances Gorrest

Father's Name

John Brackey

Father's Birthplace

Pa

Mother's Maiden Name

Christina Lovington

Mother's Birthplace

Pa

Name of person giving
information

J. J. Gorrest

How related
to deceased

Son

CAUSES OF DEATH

Primary

Senility

(D)

How long

20 years

Immediate

Influenza

How long

2 weeks

Are the name, age, sex, color, date
and place correctly given above?

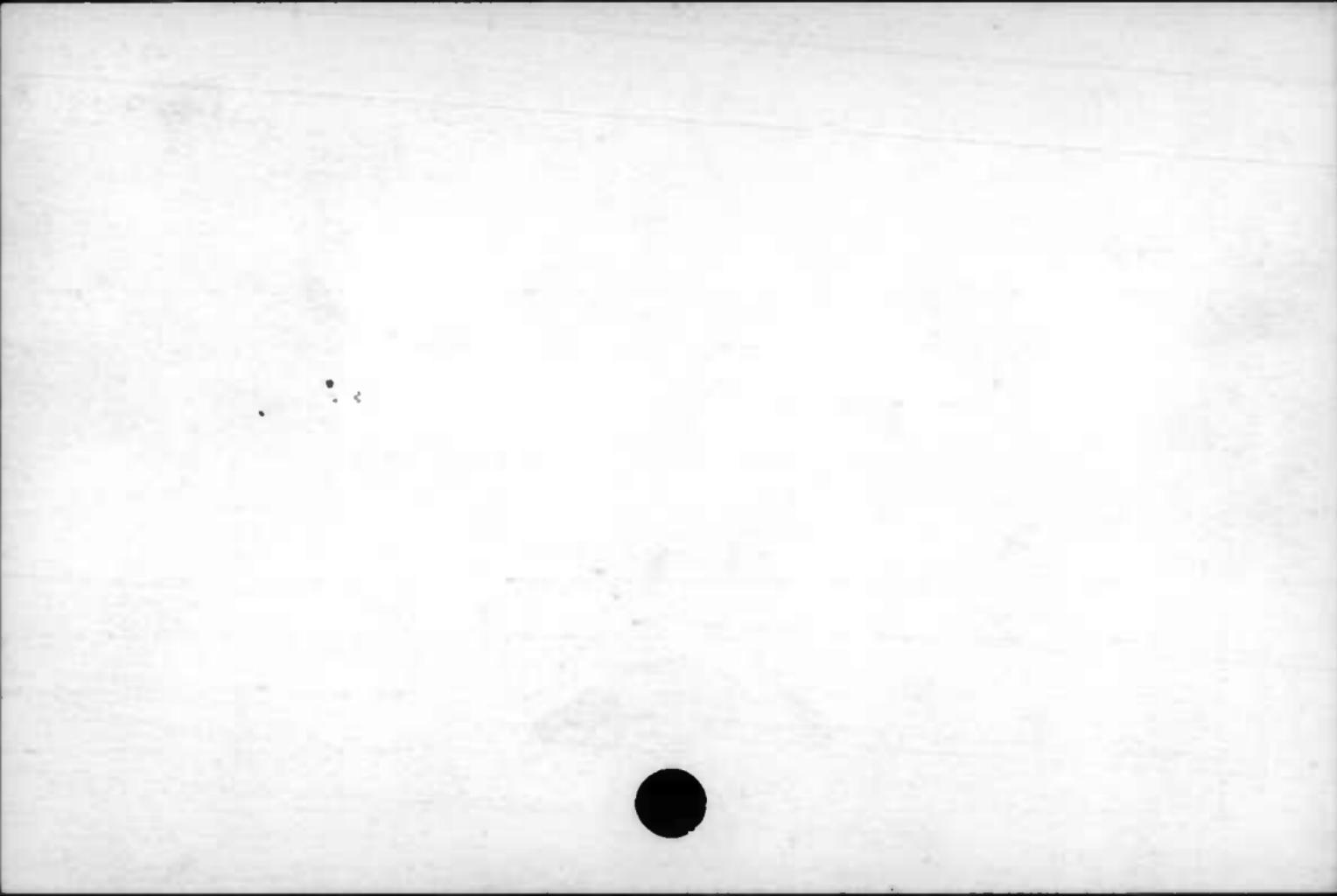
yes

Signature of
Physician

Address

H.P. Bayar
Accidente
red

Accident or Suicide?



Name
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To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

CERTIFICATE OF DEATH

Died at		Town	County			
confluence			Somerset Co		Pa	
Date of death	Month	Day	Years	Months	Days	
1905	Nov	7	19	7	15	
Sex	Male	Color or Race	White	Birth-place	Maryland	
Occupation	Laborer		Where Residing if not at place of death	Garrett Co. Md.		
Married, Single or Widowed	Single		Name of Wife or Husband	Father's Name	Md.	
Father's Name	Hiram Tike			Father's Birthplace		
Mother's Maiden Name	Manirva Barnthauer			Mother's Birthplace	Md.	
Name of person giving information	Hiram Tike			How related to deceased	Father	

CAUSES OF DEATH

Primary	Accident	How long	4 hours
Immediate	"	How long	
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician	A. Mason MD
		Address	Grenville Md.
Accident or Suicide?			

Barnhouse Cemetery

Name
in
Full

Mrs Thor Littell

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Female	Color or Race	White	Birth-place	Baltimore
Occupation	Hc	Where Residing if not at place of death			
Married, Single or Widowed	Married	Name of Wife or Husband	Thomas Littell	Father's Birthplace	Baltimore
Father's Name	Mr Charles	Mother's Maiden Name		Mother's Birthplace	
Mother's Maiden Name		Name of person giving information		How related to deceased	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Nephritis
Exhaustion

How long

1 year

Immediate

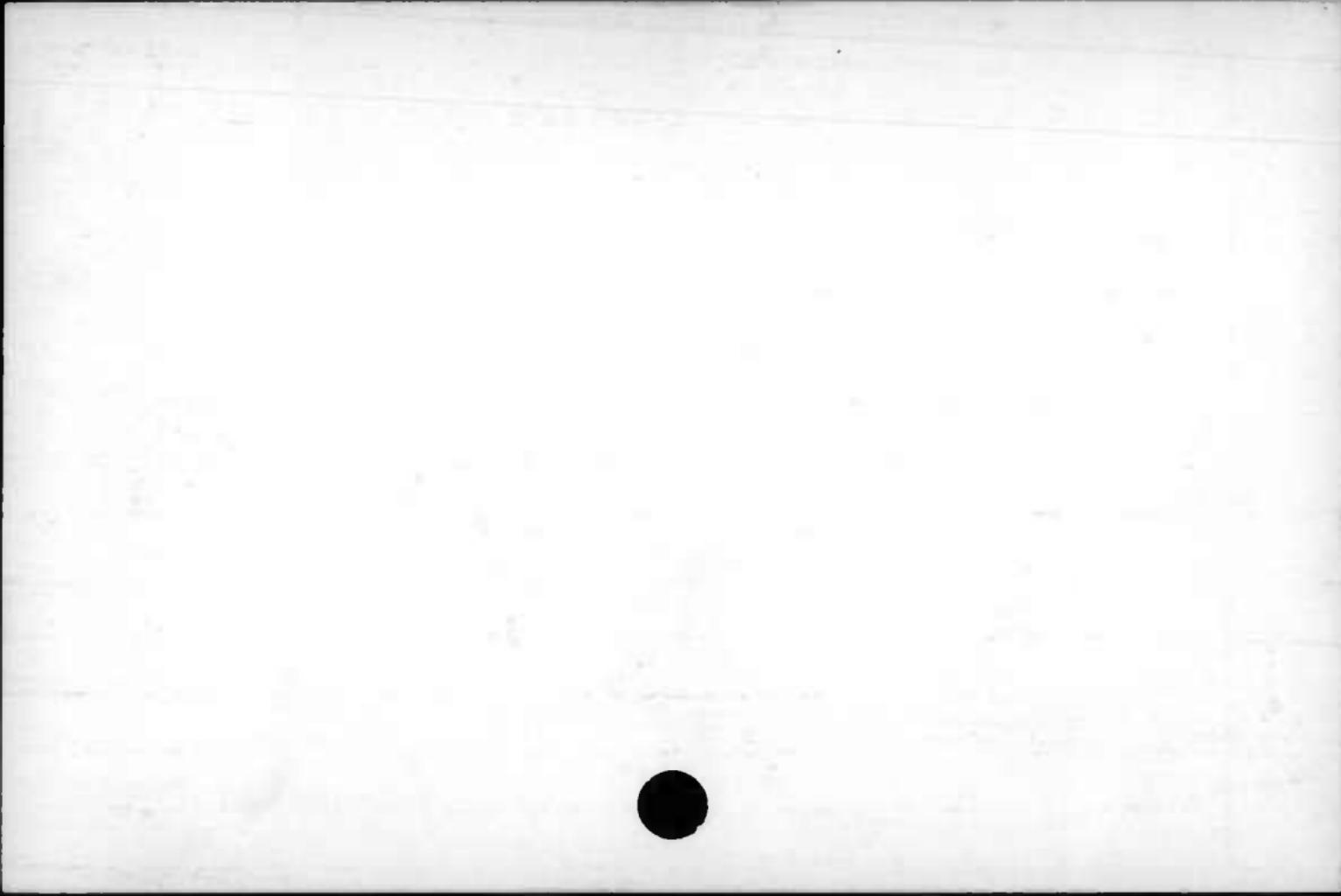
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

R. S. McCombs
Baltimore
Md

Accident or Suicide? _____



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Accident</u>		Town <u>Towson</u> County <u>Gardner</u>		MARYLAND	
Date of death <u>1905</u>	Month <u>Nov</u>	Day <u>3</u>	Age <u>76</u>	Years	Months <u>5</u> Days <u>8</u>
Sex <u>Female</u>	Color or Race <u>white</u>	Birth-place <u>Pa</u>			
Occupation <u>Housewife</u>	Where Residing if not at place of death <u>Accident</u>				
Married, Single or Widowed <u>widow</u>	Name of Wife or Husband <u>dead</u>	Father's Birthplace <u>same house</u>			
Father's Name <u>Peter Brackey</u>	Mother's Birthplace <u>same house</u>				
Mother's Maiden Name <u>Sayoknow</u>	How related to deceased <u>nephew</u>				
Name of person giving information <u>Lorraine Miller</u>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

SensitivityNo

How long

3 years

Immediate

Nephritis1 year

Are the name, age, sex, color, date and place correctly given above?

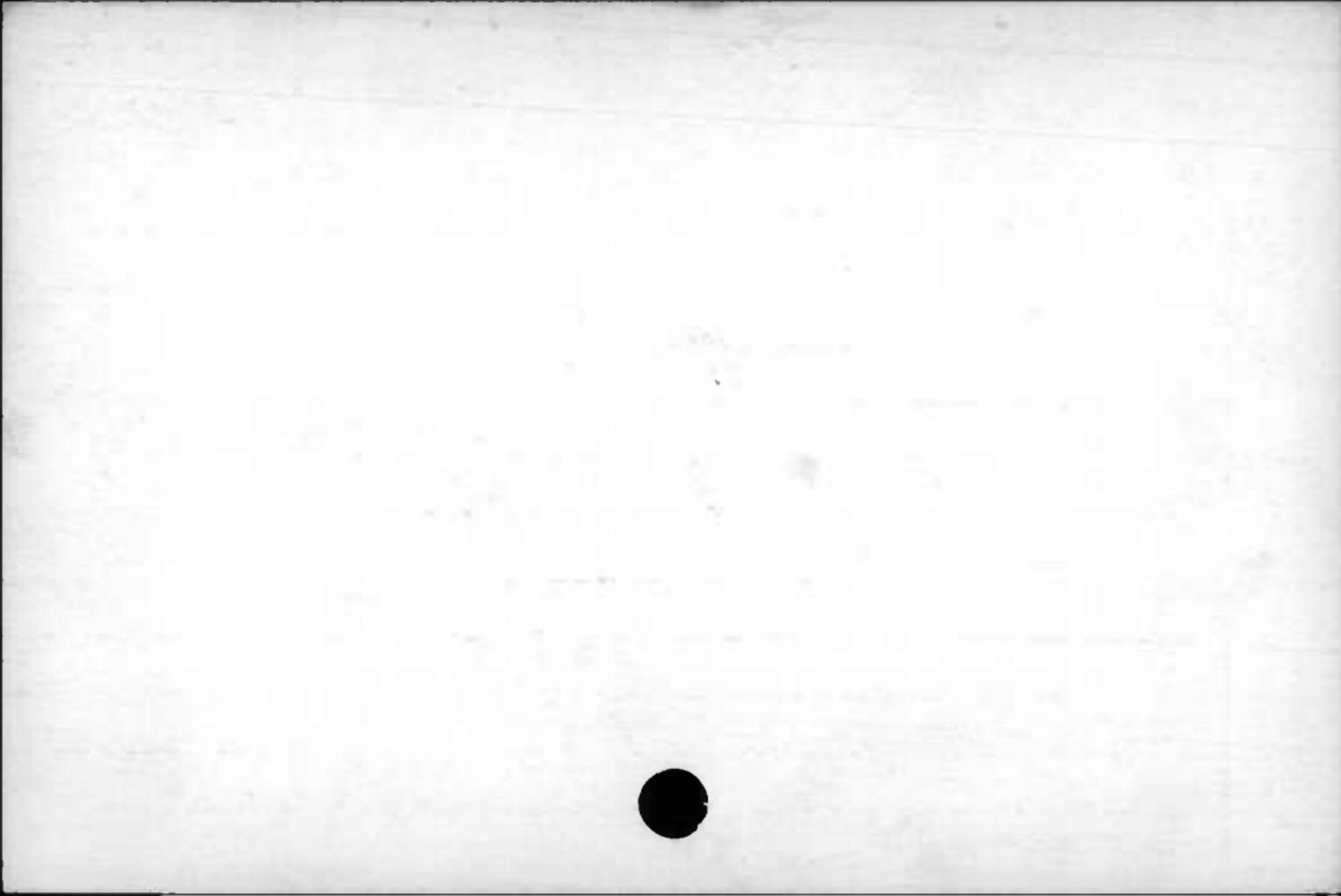
Yes

Signature of Physician

Address

D.P. Boyer
Accident
MD

Accident or Suicide?



Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

Annie Christina Marbach

CERTIFICATE OF DEATH

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	Age			
Occupation	Where Residing if not at place of death			at place of death	
Married, Single or Widowed	Name of Wife or Husband				
Father's Name	Henry Marbach				Father's Birthplace
Mother's Maiden Name	Annie Christina Berg				Mother's Birthplace
Name of person giving information	Hen Marbach				How related to deceased

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Auto Colitis

How long

4 weeks

Immediate

Intestinal Hemorrhage

How long

1 day

Are the name, age, sex, color, date and place correctly given above?

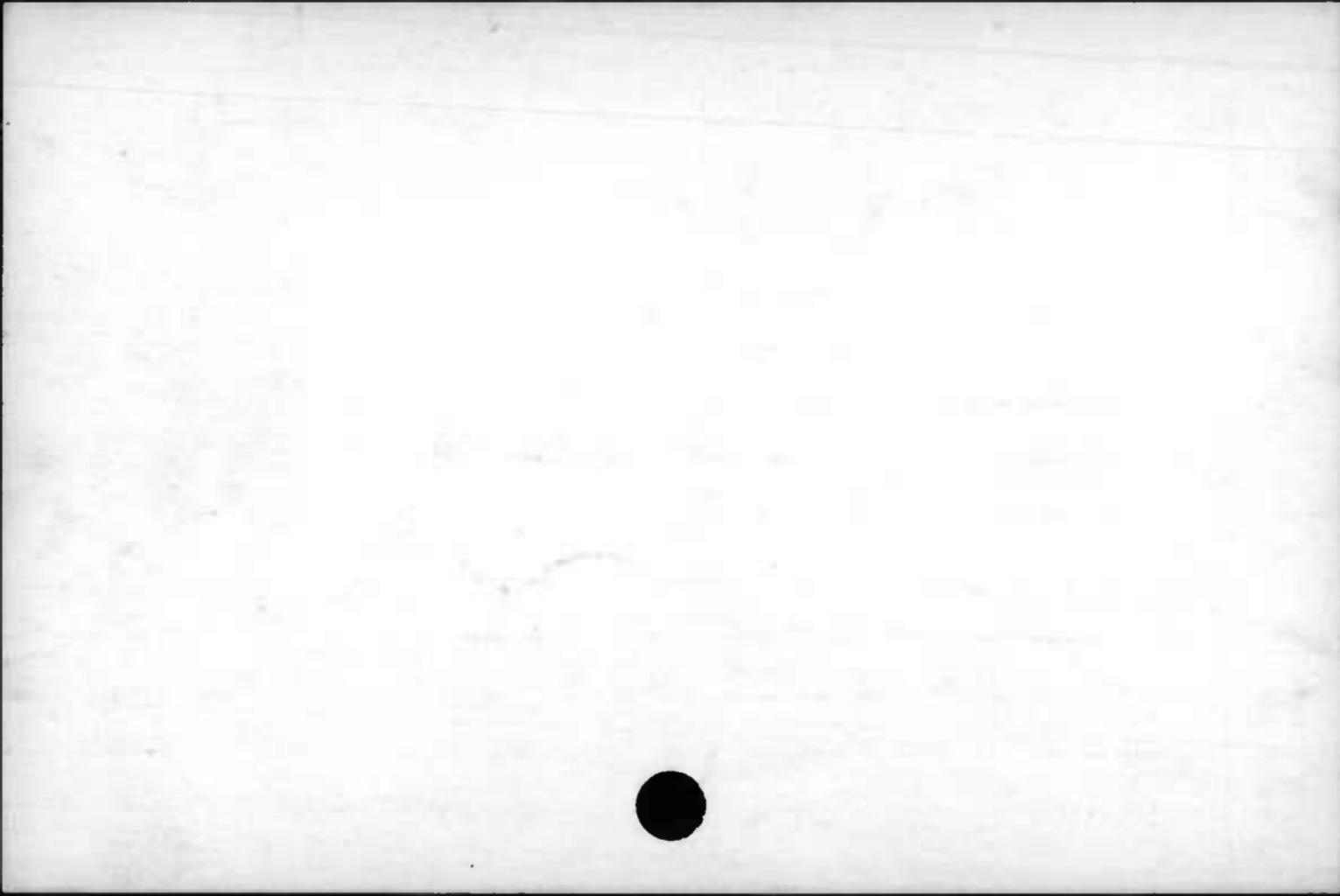
Yes

Signature of Physician

Address

R. T. Robinson
Granville
Md

Accident or Suicide?



John J. Updike

CERTIFICATE OF DEATH

Died at <u>his home</u>		Town <u>Tow</u>		County <u>Garrett</u>		MARYLAND	
Date of death <u>1905</u>	Month <u>ctov</u>	Day <u>18</u>	Age <u>73</u>	Years <u>73</u>	Months <u>6</u>	Days <u>14</u>	
Sex <u>Male</u>	Color or Race <u>white</u>			Birth-place <u>Maryland</u>			
Occupation <u>Farm</u>			Where Residing if not at place of death				
Married, Single or Widowed <u>Married</u>	Name of Wife or Husband <u>Elisabeth Updike</u>						
Father's Name			Father's Birthplace				
Mother's Maiden Name			Mother's Birthplace				
Name of person giving Information			How related to deceased				

CAUSES OF DEATH

Primary	<u>Old Age</u>	<u>164</u>	How long
Immediate	<u>Heart Failure</u>		How long

Are the name, age, sex, color, date and place correctly given above?

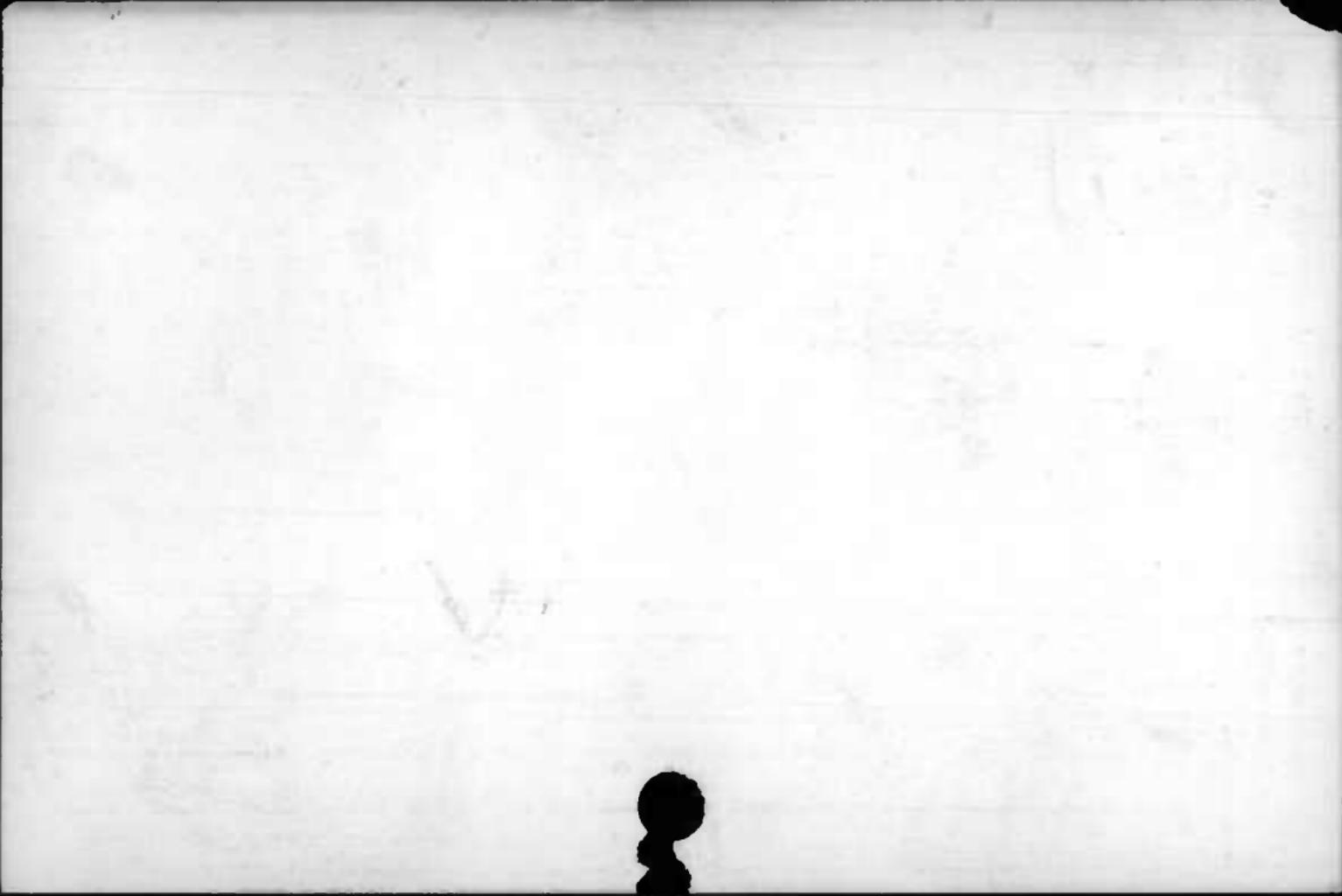
Yes

Signature of Physician

Address

A. Mason
Frederickville
Md.

Accident or Suicide?



Name
in
Full

Henry Zinkan

CERTIFICATE OF DEATH

To BE ANSWERED BY

NEAREST FRIEND

Died at	Town	County		MARYLAND	
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	Age			
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband	Helene, nee Meneller			
Father's Name	Father's Birthplace				
Mother's Maiden Name	Mother's Birthplace				
Name of person giving information	How related to deceased				

1905 November 26th 62 5 5

Male white

Worker

Married

Aurst

Edward Zinkan

Son

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Paralysis (15) How long

Immediate Codephication Troubles 1 year - How long

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

H.R. Bayes.

Accident Md.

Accident or Suicide?

